

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                               |                                             |                            | Application or Docket Number<br><b>10/083,423</b> | Filing Date<br><b>02/26/2002</b> | <input type="checkbox"/> To be Mailed |                               |                        |           |                                           |                                             |                  |              |                        |              |                                       |                        |       |       |              |           |                        |              |                        |                              |           |          |                                                                     |     |        |     |           |                                                                |                              |                                                                      |       |       |                       |        |                       |                                                                                          |                                                                           |                                                                |     |     |     |     |                       |                                  |                       |   |                          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---------------------------------------------------------------------|--------|--------|--------|----------------------------------------|-----------|---|--------|--------|--------|--------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-------|-------|-------|----------------------------------------------------------------------------|--|--|--|--|--|--|
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left; padding-bottom: 5px;">APPLICATION AS FILED – PART I</th> <th colspan="4" style="text-align: right; padding-bottom: 5px;">OTHER THAN<br/>SMALL ENTITY</th> </tr> <tr> <th style="text-align: center; width: 33.33%;">(Column 1)</th> <th style="text-align: center; width: 33.33%;">(Column 2)</th> <th style="text-align: center; width: 33.33%;">SMALL ENTITY <input type="checkbox"/></th> <th colspan="3" style="text-align: right; border-top: none;">OR</th> <th style="text-align: center; width: 33.33%;">SMALL ENTITY</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">FOR</td> <td style="padding: 5px;">NUMBER FILED</td> <td style="padding: 5px;">NUMBER EXTRA</td> <td style="padding: 5px;">RATE (\$)</td> <td style="padding: 5px;">FEE (\$)</td> <td style="padding: 5px;">RATE (\$)</td> <td style="padding: 5px;">FEE (\$)</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> BASIC FEE<br/>(37 CFR 1.16(a), (b), or (c))</td> <td style="padding: 5px;">N/A</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SEARCH FEE<br/>(37 CFR 1.16(k), (l), or (m))</td> <td style="padding: 5px;">N/A</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> EXAMINATION FEE<br/>(37 CFR 1.16(o), (p), or (q))</td> <td style="padding: 5px;">N/A</td> </tr> <tr> <td style="padding: 5px;">TOTAL CLAIMS<br/>(37 CFR 1.16(i))</td> <td style="padding: 5px;">minus 20 =</td> <td style="padding: 5px;">*</td> <td style="padding: 5px;">X \$ =</td> </tr> <tr> <td style="padding: 5px;">INDEPENDENT CLAIMS<br/>(37 CFR 1.16(h))</td> <td style="padding: 5px;">minus 3 =</td> <td style="padding: 5px;">*</td> <td style="padding: 5px;">X \$ =</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> APPLICATION SIZE FEE<br/>(37 CFR 1.16(s))</td> <td colspan="3" style="padding: 5px;">If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</td> <td style="padding: 5px;">TOTAL</td> <td style="padding: 5px;">TOTAL</td> <td style="padding: 5px;">TOTAL</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))</td> <td colspan="3" style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> </tbody> </table> <p style="margin-left: 20px;">* If the difference in column 1 is less than zero, enter "0" in column 2.</p> |                                                                                                                                                                                                                               |                                             |                            |                                                   |                                  |                                       | APPLICATION AS FILED – PART I |                        |           | OTHER THAN<br>SMALL ENTITY                |                                             |                  |              | (Column 1)             | (Column 2)   | SMALL ENTITY <input type="checkbox"/> | OR                     |       |       | SMALL ENTITY | FOR       | NUMBER FILED           | NUMBER EXTRA | RATE (\$)              | FEE (\$)                     | RATE (\$) | FEE (\$) | <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c)) | N/A | N/A    | N/A | N/A       | N/A                                                            | N/A                          | <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m)) | N/A   | N/A   | N/A                   | N/A    | N/A                   | N/A                                                                                      | <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q)) | N/A                                                            | N/A | N/A | N/A | N/A | N/A                   | TOTAL CLAIMS<br>(37 CFR 1.16(i)) | minus 20 =            | * | X \$ =                                                                                   | X \$ = | X \$ = | X \$ = | INDEPENDENT CLAIMS<br>(37 CFR 1.16(h)) | minus 3 = | * | X \$ = | X \$ = | X \$ = | X \$ = | <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s)) | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |  |  | TOTAL | TOTAL | TOTAL | <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) |  |  |  |  |  |  |
| APPLICATION AS FILED – PART I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| TOTAL CLAIMS<br>(37 CFR 1.16(i))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. 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| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| APPLICATION AS AMENDED – PART II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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text-align: center;">** 20</td> <td style="padding: 5px; text-align: center;">= 0</td> <td style="padding: 5px; text-align: center;">RATE (\$)</td> <td style="padding: 5px; text-align: center;">ADDITIONAL<br/>FEE (\$)</td> <td style="padding: 5px; text-align: center;">RATE (\$)</td> <td style="padding: 5px; text-align: center;">ADDITIONAL<br/>FEE (\$)</td> </tr> <tr> <td style="padding: 5px; text-align: center;">Total (37 CFR 1.16(i))</td> <td style="padding: 5px; text-align: center;">* 11</td> <td style="padding: 5px; text-align: center;">Minus</td> <td style="padding: 5px; text-align: center;">** 20</td> <td style="padding: 5px; text-align: center;">= 0</td> <td style="padding: 5px; text-align: center;">X \$ =</td> <td style="padding: 5px; text-align: center;">OR</td> <td style="padding: 5px; text-align: center;">X \$ 50 =</td> <td style="padding: 5px; text-align: center;">0</td> </tr> <tr> <td style="padding: 5px; text-align: center;">Independent (37 CFR 1.16(h))</td> <td style="padding: 5px; 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                                                                                                                                                                                                                                                                                                                                                                                                                   | (Column 2)                                                                                                                                                                                                                    | (Column 3)                                  | OTHER THAN<br>SMALL ENTITY |                                                   |                                  |                                       |                               |                        |           |                                           |                                             |                  |              |                        |              |                                       |                        |       |       |              |           |                        |              |                        |                              |           |          |                                                                     |     |        |     |           |                                                                |                              |                                                                      |       |       |                       |        |                       |                                                                                          |                                                                           |                                                                |     |     |     |     |                       |                                  |                       |   |                          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| AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                                                                                                                                     | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA           | SMALL ENTITY                                      | OR                               | SMALL ENTITY                          |                               |                        |           |                                           |                                             |                  |              |                        |              |                                       |                        |       |       |              |           |                        |              |                        |                              |           |          |                                                                     |     |        |     |           |                                                                |                              |                                                                      |       |       |                       |        |                       |                                                                                          |                                                                           |                                                                |     |     |     |     |                       |                                  |                       |   |                          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| 02/16/2007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | * 11                                                                                                                                                                                                                          | Minus                                       | ** 20                      | = 0                                               | RATE (\$)                        | ADDITIONAL<br>FEE (\$)                | RATE (\$)                     | ADDITIONAL<br>FEE (\$) |           |                                           |                                             |                  |              |                        |              |                                       |                        |       |       |              |           |                        |              |                        |                              |           |          |                                                                     |     |        |     |           |                                                                |                              |                                                                      |       |       |                       |        |                       |                                                                                          |                                                                           |                                                                |     |     |     |     |                       |                                  |                       |   |                          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| Total (37 CFR 1.16(i))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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      |              |                        |              |                                       |                        |       |       |              |           |                        |              |                        |                              |           |          |                                                                     |     |        |     |           |                                                                |                              |                                                                      |       |       |                       |        |                       |                                                                                          |                                                                           |                                                                |     |     |     |     |                       |                                  |                       |   |                          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| Independent (37 CFR 1.16(h))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | * 3                                                                                                                                                                                                                           | Minus                                       | *** 3                      | = 0                                               | X \$ =                           | OR                                    | X \$ 200 =                    | 0                      |           |                                           |                                             |                  |              |                        |              |                                       |                        |       |       |              |           |                        |              |                        |                              |           |          |                                                                     |     |        |     |           |                                                                |                              |                                                                      |       |       |                       |        |                       |                                                                                          |                                                                           |                                                                |     |     |     |     |                       |                                  |                       |   |                          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| <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                               |                                             |                            |                                                   | TOTAL<br>ADD'L<br>FEE            | OR                                    | TOTAL<br>ADD'L<br>FEE         | 0                      |           |                                           |                                             |                  |              |                        |              |                                       |                        |       |       |              |           |                        |              |                        |                              |           |          |                                                                     |     |        |     |           |                                                                |                              |                                                                      |       |       |                       |        |                       |                                                                                          |                                                                           |                                                                |     |     |     |     |                       |                                  |                       |   |                          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| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; width: 33.33%;">(Column 1)</th> <th style="text-align: center; width: 33.33%;">(Column 2)</th> <th style="text-align: center; width: 33.33%;">(Column 3)</th> <th colspan="2" style="text-align: right; border-top: none;">OTHER THAN<br/>SMALL ENTITY</th> </tr> <tr> <th style="text-align: center;">AMENDMENT</th> <th style="text-align: center;">CLAIMS<br/>REMAINING<br/>AFTER<br/>AMENDMENT</th> <th style="text-align: center;">HIGHEST<br/>NUMBER<br/>PREVIOUSLY<br/>PAID FOR</th> <th style="text-align: center;">PRESENT<br/>EXTRA</th> <th style="text-align: center;">RATE (\$)</th> <th style="text-align: center;">ADDITIONAL<br/>FEE (\$)</th> <th style="text-align: center;">RATE (\$)</th> <th style="text-align: center;">ADDITIONAL<br/>FEE (\$)</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px; text-align: center;">Total (37 CFR 1.16(i))</td> <td style="padding: 5px; text-align: center;">* 11</td> <td style="padding: 5px; text-align: center;">Minus</td> <td style="padding: 5px; text-align: center;">** 20</td> <td style="padding: 5px; text-align: center;">= 0</td> <td style="padding: 5px; text-align: center;">X \$ =</td> <td style="padding: 5px; text-align: center;">OR</td> <td style="padding: 5px; text-align: center;">X \$ =</td> </tr> <tr> <td style="padding: 5px; text-align: center;">Independent (37 CFR 1.16(h))</td> <td style="padding: 5px; text-align: center;">* 3</td> <td style="padding: 5px; text-align: center;">Minus</td> <td style="padding: 5px; text-align: center;">*** 3</td> <td style="padding: 5px; text-align: center;">= 0</td> <td style="padding: 5px; text-align: center;">X \$ =</td> <td style="padding: 5px; text-align: center;">OR</td> <td style="padding: 5px; text-align: center;">X \$ =</td> </tr> <tr> <td colspan="5" style="padding: 5px;"><input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))</td> <td style="padding: 5px;">TOTAL<br/>ADD'L<br/>FEE</td> <td style="padding: 5px;">OR</td> <td style="padding: 5px;">TOTAL<br/>ADD'L<br/>FEE</td> </tr> <tr> <td colspan="5" style="padding: 5px;"><input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                               |                                             |                            | (Column 1)                                        | (Column 2)                       | (Column 3)                            | OTHER THAN<br>SMALL ENTITY    |                        | AMENDMENT | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE (\$)    | ADDITIONAL<br>FEE (\$) | RATE (\$)    | ADDITIONAL<br>FEE (\$)                | Total (37 CFR 1.16(i)) | * 11  | Minus | ** 20        | = 0       | X \$ =                 | OR           | X \$ =                 | Independent (37 CFR 1.16(h)) | * 3       | Minus    | *** 3                                                               | = 0 | X \$ = | OR  | X \$ =    | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s)) |                              |                                                                      |       |       | TOTAL<br>ADD'L<br>FEE | OR     | TOTAL<br>ADD'L<br>FEE | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |                                                                           |                                                                |     |     |     |     |                       |                                  |                       |   |                                                                                          |        |        |        |                                        |           |   |        |        |        |        |                                                                   |                                                                                                                                                                                                                               |  |  |       |       |       |                                                                            |  |  |  |  |  |  |
| (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (Column 2)                                                                                                                                                                                                                    | (Column 3)                                  | OTHER THAN<br>SMALL ENTITY |                                                   |                                  |                                       |                               |                        |           |                                           |                                             |                  |              |                        |              |                                       |                        |       |       |              |           |                        |              |                        |                              |           |          |                                                                     |     |        |     |           |                                                                |                              |                                                                      |       |       |                       |        |                       |                                                                                          |                                                                           |                                                                |     |     |     |     |                       |                                  |                       |   |                          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| AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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      |              |                        |              |                                       |                        |       |       |              |           |                        |              |                        |                              |           |          |                                                                     |     |        |     |           |                                                                |                              |                                                                      |       |       |                       |        |                       |                                                                                          |                                                                           |                                                                |     |     |     |     |                       |                                  |                       |   |                          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| Total (37 CFR 1.16(i))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | * 11                                                                                                                                                                                                                          | Minus                                       | ** 20                      | = 0                                               | X \$ =                           | OR                                    | X \$ =                        |                        |           |                                           |                                             |                  |              |                        |              |                                       |                        |       |       |              |           |                        |              |                        |                              |           |          |                                                                     |     |        |     |           |                                                                |                              |                                                                      |       |       |                       |        |                       |                                                                                          |                                                                           |                                                                |     |     |     |     |                       |                                  |                       |   |                          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| Independent (37 CFR 1.16(h))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | * 3                                                                                                                                                                                                                           | Minus                                       | *** 3                      | = 0                                               | X \$ =                           | OR                                    | X \$ =                        |                        |           |                                           |                                             |                  |              |                        |              |                                       |                        |       |       |              |           |                        |              |                        |                              |           |          |                                                                     |     |        |     |           |                                                                |                              |                                                                      |       |       |                       |        |                       |                                                                                          |                                                                           |                                                                |     |     |     |     |                       |                                  |                       |   |                          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| <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                               |                                             |                            |                                                   | TOTAL<br>ADD'L<br>FEE            | OR                                    | TOTAL<br>ADD'L<br>FEE         |                        |           |                                           |                                             |                  |              |                        |              |                                       |                        |       |       |              |           |                        |              |                        |                              |           |          |                                                                     |     |        |     |           |                                                                |                              |                                                                      |       |       |                       |        |                       |                                                                                          |                                                                           |                                                                |     |     |     |     |                       |                                  |                       |   |                          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| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Legal Instrument Examiner:  
Jacquelyn L. Williams

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**  
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